OSAH FORM 1

(This form replaces DFCS Form 166)

This form is available online at http://www.ganet.org/osah/form.html or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER	AGENCY CODE	CASE CODE	DOCKET NUMBER	COUNTY	AGENCY
	DFCS	TANF			

USE ONLY FOR THE TANF PROGRAM (TANF)

Check One: ☐Denial of Application ☐Case Closure ☐ Reduction of Benefits ☐Disputed determination of Benefits ☐Agency Inaction ☐Failure to Act Within Reasonable Time for Benefit Change ☐Denial of Expedited Services ☐Denial of Opportunity to Apply for Benefits ☐Other _____

Date Notice of Adverse Action Issued: _____

(ATTACH COPY OF NOTICE OF ADVERSE ACTION OR COMPUTER COPY OF THE CONTENTS OF THE NOTICE ISSUED)

REGULATION(S) APPLIED: ESSM Manual Chapter(s) _____ **Section(s)** _____

Date DFCS received Claimant's request for hearing: ☐**Oral on** _____ ☐ **Written on** _____

DFCS Case Number: _____ **BENEFIT CONTINUED PENDING APPEAL:** ☐**YES** ☐ **NO**

CLAIMANT

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	DOES THE CLAIMANT UNDERSTAND ENGLIGH? ☐YES ☐ NO IF NOT, SPECIFY LANGUAGE:	IS CLAIMANT APPEALING OTHER PUBLIC ASSISTANCE MATTERS THAT SHOULD BE CONSOLIDATED FOR HEARING WITH THIS CASE? ☐YES ☐ NO, IF YES, PLEASE CHECK ☐ FS ☐CAPS ☐ MEDICAID
ATTORNEY NAME:	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR #:	EMAIL
PERSONAL REPRESENTATIVE NAME. PARALEGALS MAY BE A REPRESENTATIVE.	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	RELATIONSHIP TO CLAIMANT	EMAIL:

LOCAL DFCS OFFICE

NAME OF OFFICE:	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE	CASEWORKER'S NAME: EMAIL:	CASEWORKER'S DIRECT TELEPHONE NUMBER:
	SUPERVISOR'S NAME: EMAIL:	SUPERVISOR'S DIRECT TELEPHONE NUMBER

INDICATE DOCUMENTS ATTACHED:

☐Copies of ESSM procedures utilized
☐Notice of action issued, either a copy of summary determination or a copy of the contents of the notice
☐Budgets utilized, if applicable
☐Claimant's written hearing request
☐Other: (please specify document) _____